CRATE IN BACK CAGE ENTRY BLANK-PLEASE TYPE OR PRI Mr./Artist _ (last name last) Daytime Tel. (213) 617-975 Temporary or Studio Address Daytime Tel. (213) 617-935 Zip If you do not presently live in one of the counties of the Western Reserve, in which county where you born? _ _ _ o un m Collaborator (if any) If May Show entries are not accepted or are not sold: ☐ Artist will pick up at Museum. ☐ Museum should dispose of. Museum should ship to artist at artist's expense: # 300

Special Instructions

City

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature _____

Street

I have received the unsold/unaccepted object(s) in good condition.

(Fine arts Trans. Serofan 1987)

ENTRY BLANKS

7						
1	A Pain		•		otography specify category)	
	Materials used (media):					
	Mixel Malia Oil + Acrylic to					
	Blossons (Mixed)					
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